

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.		FILING DATE								
						APPLICANT(S)										
CLAIMS																
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.	
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TOTAL IND.			↓		↓											
TOTAL DEP.			↔		↔											
TOTAL CLAIMS			90		90											

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS